



CITY OF OXFORD
EDUCATION COMMITTEE

REPORT
of the
SCHOOL MEDICAL OFFICER
for the
YEAR 1951



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MEMBERS OF THE EDUCATION COMMITTEE AND THE SPECIAL SERVICES SUB-COMMITTEE, 1951-52.

- *Councillor LODGE, Hon. M.A. (Chairman).
- * „ WHATLEY, M.A. (Vice-Chairman).
- *Alderman Mrs. PRICHARD, O.B.E., M.A., J.P. (Chairman of the Special Services Sub-Committee).
- * „ Mrs. STEVENSON, M.A.
- Councillor ADAMS.
- * „ Mrs. BRYAN-BROWN (Vice-Chairman of the Special Services Sub-Committee).
- „ CHAPLIN.
- „ COLLAR.
- „ DENT.
- * „ GREEN.
- „ HARRISON.
- „ HAYDOCK.
- „ KEITH-LUCAS.
- „ LOWER.
- „ MACLAGAN.
- „ MORRISS.
- * „ MOTT.
- * „ PARKER.
- A. S. RUSSELL, M.A.
- K. C. WHEARE, M.A.
- Rev. W. W. BOTTOMS, M.A.
- Rev. J. DAVENPORT.
- T. L. HODGKIN, M.A.
- W. D. JOHNSTON, M.A.
- *Mrs. S. V. LIVINGSTONE.
- C. E. HART.
- C. EASON.
- F. C. LAY, M.A.
- J. TURNBULL.
- *Miss C. V. BUTLER, M.A. (*Co-opted Member of Special Services Sub-Committee*).
- *Miss R. M. HAIG BROWN, M.A. (*Co-opted Member of Special Services Sub-Committee*).
- *Miss R. SPOONER (*Co-opted Member of Special Services Sub-Committee*).

* Members of Special Services Sub-Committee.

STAFF OF THE SCHOOL HEALTH SERVICE.

School Medical Officer:

J. F. WARIN, M.D., D.P.H.

Deputy School Medical Officer:

J. B. M. DAVIES, M.D., D.P.H.

Assistant School Medical Officers:

L. JOAN KENT, M.R.C.S., L.R.C.P. (resigned June 20th).
 MARGARET KEMSLEY, M.B., B.S., M.R.C.P., L.R.C.P., D.C.H., M.C.S.P.
 R. S. COOPER, M.B., B.S.
 DOROTHY JEYES, M.D., B.Sc., D.P.H. (resigned September 30th).
 ANNE D. SURTEES, M.B., Ch.B., D.C.H. (appointed October 1st).
 BERYL G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G. (appointed October 1st).

Senior Dental Surgeon:

C. H. I. MILLAR, L.D.S. (appointed October 11th).

Assistant Dental Surgeons:

Miss M. I. JOHNSTON, L.D.S. (resigned June 30th).
 M. DIMDORE (appointed March 12th, resigned May 25th).
 Mrs. H. PIGOTT (part-time, during school terms).

School Nurses:

Miss D. BROWN, Senior School Nurse.	Mrs. D. PARRY (resigned September 15th).
Miss W. PRATT.	Miss J. HITCHCOCK (resigned September 15th).
Miss G. M. DAVIES.	Miss J. HEX.
Mrs. E. FRANCIS (resigned July 23rd).	Miss H. SPICKERNELL (appointed April 9th).
Miss J. BARNETT.	Miss S. DUVAL (appointed April 9th).
Miss E. GILBERTSON.	Miss E. HEARLE (appointed April 9th).
Mrs. LAGUN.	Miss J. PINDER (appointed November 5th).
Miss M. SALMON (resigned April 28th).	Miss D. BREE (appointed November 5th).
Miss E. JOHN.	Miss D. PYLE (appointed November 5th).
Miss K. GREGORY.	

Medical Gymnasts:

Miss S. BRINDLE, M.C.S.P.
Miss M. FLINT, M.C.S.P. (appointed February 5th).

Dental Attendants:

Miss B. ROLFE.
Miss B. TURNER (appointed October 20th: resigned November 12th).
Miss D. B. COLE (appointed October 29th).

Nursing Assistants:

Mrs. F. JACOBS. Mrs. D. BELCHER.

Senior Clerk:

Miss W. HUNT.

Clerks:

Miss B. GRANT.
Miss M. BOLT.
Miss I. HEATH.

Dental Clerk:

Mrs. N. A. ROBINSON (resigned June 29th).

SCHOOL CLINICS.*Minor Ailment Clinics:*

East Oxford, Cowley Road.	Mondays and Wednesdays, 9.15 a.m.
Headington, Margaret Road.	Mondays and Thursdays 9.15 a.m.
Donnington, Henley Avenue	Tuesdays and Fridays 9.15 a.m.
60 St. Aldate's.	Tuesdays and Fridays 9.15 a.m.
*North Oxford, Summertown Clinic.	Tuesdays and Fridays 10.45 a.m.
Cowley, Congregational Hall.	Fridays 10.45 a.m.
New Marston, Congregational Hall.	Wednesdays 10.45 a.m.
Barton, Barton School.	Mondays 10.45 a.m.

(* Discontinued in April 1951)

Scabies Clinic:

Old Isolation Hospital, Abingdon Road. Wednesdays 6 p.m.
Saturdays 10 a.m.

(This clinic was discontinued at the end of the year).

Ringworm Clinic:

60 St. Aldate's. Mondays 2 p.m.

Dental Clinics:

60 St. Aldates.	By appointment only.
Bury Knowle, Headington.	" " "
Donnington, Henley Avenue.	" " "
East Oxford, Cowley Road.	" " "
North Oxford, Summertown Clinic.	" " "

Remedial Exercise Clinics:

Every weekday (by appointment).

Child Guidance Clinic:

Northern House, South Parade. By appointment only.

THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

LADIES AND GENTLEMEN,

To achieve the best results the School Health Service must work in the closest co-operation with parents, teachers, general medical practitioners, hospital services and voluntary agencies and it is most gratifying to be able to report that the excellent relationship which has existed between all these bodies in this City has continued throughout the year under review. Teamwork is essential and this becomes the more obvious as the School Health Service settles down alongside the rather complicated administrative structure of the National Health Service.

The general health of school children in this City is good and it is most satisfactory to be able to record that out of 3,586 pupils examined, only 18 (0.5%) were placed by the doctors in Ministry of Education Group C which is the classification for children of poor general condition.

During the year, new schools were opened at Rose Hill and Barton. Such new schools are welcome not only on the educational side but also because they provide excellent hygienic facilities for the pupils. I have previously referred to the hygienic deficiencies of some of the older schools in the City and although some progress has been made during the year, much remains to be done. Improvements in some schools have been held up pending a decision on future status but even after this has been determined, the economy campaign has proved a stumbling block to further progress.

Last year I referred to the substantial fall in the number of children attending the minor ailment clinics and attributed this largely to the marked drop in incidence of such diseases as impetigo, scabies and chronic otorrhoea. This year has seen a further fall in attendances at these clinics but this has not been nearly so marked as the previous year. The clinic at Summertown was discontinued due to the diminished attendance and in February 1952, the New Marston clinic was also closed for the same reason. Minor ailment clinics are an essential part of the School Health Service and should be provided as long as they are needed, but as the need diminishes then the number of clinics can be reduced.

We have now had three years' experience of the colour vision test carried out on the 10—11 age group and it is interesting that during this period, 3,821 children have been examined and 43 of these, who were all boys, showed some degree of colour blindness.

Immediately prior to the last war a gramophone audiometer was purchased with the object of carrying out routine hearing tests in the schools. Until this year it has not been possible to bring this into use but working in the closest co-operation with the Otolaryngological Department of the Radcliffe Infirmary a plan was formulated and 1,584

children within the age groups 8—10 years were tested. It was only found necessary to refer 10 of these children to the Otolaryngological Department and of these 6 were recommended to have some form of active treatment but in no case was a severe degree of deafness ascertained. There can be no doubt that defective hearing can be the greatest handicap to a school child and it is important to ascertain even slight deafness as soon as possible, but I am not satisfied that the gramophone audiometer is the best method for this purpose. It is difficult to carry out the test before the age of 8 or 9 years and the test itself demands considerable concentration on the part of the child, which may not always be given by less intelligent children. Recent experience in other areas has shown that the pure tone audiometer is a better instrument in that children as young as five years can be tested satisfactorily and the result of the test does not depend on intelligence or concentration.

Ringworm and scabies have now practically disappeared. The number of children with verminous heads has dropped slightly and the Oxford rate is only a quarter that for England and Wales, nevertheless there is no reason why with a sustained effort this disease should not follow ringworm and scabies into the realms of extinction.

The infectious diseases had a very low incidence during the year. Once again there was no case of diphtheria, and only one case of poliomyelitis occurred. In the early part of the year, there was an outbreak of sonne dysentery which commenced at Donnington School but by energetic action was prevented from spreading to any marked degree elsewhere. There was a further welcome reduction in the number of new cases of tuberculosis.

The two remedial gymnasts have continued their good work both of treating individual children with defects, and with the co-operation of the teachers and physical training organisers, of bringing about a general improvement in the maintenance of good posture at all times. A small but important development of their work has been the organisation of special breathing exercises which have been shown to have real value in children suffering from asthma. Faulty footwear continues to play an important role in the causation of various foot deformities and every opportunity is taken of drawing the attention of the parents to the importance of properly fitting and suitable footwear.

Amongst the handicapped pupils are three new cases of blindness, all caused by retrolental fibroplasia, a newly discovered disease, occurring only in very premature infants, the cause of which is not yet known. There are now five partially deaf children who have been fitted with a hearing aid and arrangements are being made to keep a close watch on these children to make sure that they are making the best use of their instruments.

The special schools continue to play a most important role in the

educational system and at the end of the year, the school for educationally subnormal children was transferred from its very poor and inadequate premises at Bayswater Rise to specially converted premises in the Slade Park.

The Child Guidance Clinic has continued to do good work but has been hampered by change of staff during the year. Mr. Balbernie left in September and his successor, Mr. Fish, did not take up duty until December. The biggest handicap, however, has been the lack of a full-time fully trained psychiatric social worker. The medical administrative arrangements referred to in my last annual report, in which Dr. R. G. McInnes was to become the Consultant Psychiatrist to the clinic and Dr. V. L. Kahan, although remaining as medical director of the clinic, was to be transferred to the Staff of the Regional Hospital Board, came into effect in the first half of the year. Details of this change as well as full information of the work of the clinic are given in the report submitted jointly by Dr. McInnes and Dr. Kahan.

The United Oxford Hospitals have continued to provide facilities for speech therapy. The number of children treated is not large but having regard to the serious liability of any speech defect in either a child or an adult, a cure or, in fact, any improvement in a patient makes this very worth while and rewarding work. There has been a tendency to refer children for treatment at an earlier age and Miss Dakin in welcoming this, points out that not only is treatment easier but from the preventive point of view there are advantages in that the child who is late in developing speech often becomes the dyslalic or stammerer in a later age group.

The dental service reached its lowest ebb during the year as from the time Miss Johnston left at the end of June until Mr. Millar took up his duties as Chief Dental Officer in October, there was no school dental service at all. At the end of October, Mrs. Pigott resumed her part-time work and early in 1952, two further part-time dentists were secured, so that at the time of writing this report we have the equivalent of two and a third dentists out of our full establishment of four. Several advertisements for full-time assistant dental officers failed to produce a single reply. in spite of the new salary scales which came into being during the year,

In conclusion I should like to thank the Chairman and Members of the Special Services Sub-Committee for the interest they have at all times taken in the School Health Service. My thanks are also due to every member of my staff for their share in another year's progress. In particular, I am indebted to Dr. Davies and Miss Hunt who have borne the main burden of the day to day administration of the service and have been largely responsible for the compilation of this report.

Yours faithfully,

J. F. WARIN.

SCHOOL HEALTH SERVICE

Medical Inspections

Numbers inspected:—	1949	1950	1951
Admissions	1,382	1,372	1,274
Second Age Group ..	1,337	1,345	1,139
Leavers	1,203	1,116	1,100
Five Year Old Age Group	284	188	73

General Condition of Pupils Inspected (expressed as a percentage)

	<i>Satisfactory</i>	<i>Unsatisfactory</i>
1947	98.4	1.6
1948	98.9	1.1
1949	99.1	0.9
1950	99.2	0.8
1951	99.5	0.5

Categories A and B have been grouped together as “satisfactory” and category C called “unsatisfactory”. This steady decrease in the unsatisfactory group is most encouraging and reflects the finding that the general nutrition of school children in Oxford is very good.

Employment of Children

209 children undertaking part-time employment were examined during the year (examinations under Children and Young Persons Act, 1933, Employment of Children, Byelaws Regulation 8 (e)).

School Meals and Milk.

The following particulars relate to the number of children in attendance and the number of meals provided on a single day in October 1951.

Number of pupils present in school on the day selected:

A. In primary schools (excluding nursery schools)	8,305
B. In secondary schools	3,633
C. In nursery schools	292
D. In day special schools	86
Number of school canteens	52
Number of schools having canteens or served by school canteens	65
Number of schools or departments not yet served	1

					<i>Meals</i>		<i>Milk</i>	
					1950	1951	1950	1951
A. Primary Schools (excluding nursery schools)								
(i)	Free	..	..	..	446	425	7,571	7,797
(ii)	For payment	..	..	..	3,493	3,483	—	—
	Percentage of Total	..	..		48	47	93	93
B. Secondary Schools								
(i)	Free	..	..	..	152	205	2,120	2,157
(ii)	For payment	..	..	..	1,802	1,794	—	—
	Percentage of Total	..	..		54	55	58	59
C. Nursery Schools								
(i)	Free	..	..	..	14	11	283	292
(ii)	For payment	..	..	..	269	281	—	—
	Percentage of Total	..	..		100	100	100	100
D. Special Schools								
(i)	Free	..	..	..	19	19	79	86
(ii)	For payment	..	..	..	64	66	—	—
	Percentage of Total	..	..		100	98	95	100

75 bottles of milk were sent home to children who were ill and usually had milk in school.

There has been no significant change in the number of children having both school meals and milk.

Hygiene of School Premises

The future status of some of the schools whose standard of hygiene was found to be low in the recent survey carried out by the School Medical Officer was decided towards the end of 1951. The large scale structural alterations which are essential to bring these premises up to a reasonable standard (such as provision of hot water systems in cloakrooms) have had to be postponed because of the need for economy. It is important that this matter is not lost sight of and that, as soon as financial conditions allow, these changes are carried out.

During the year, in many small ways, improvements in the standard of school hygiene have been made. The clean towel service mentioned in last year's report has continued to develop. Once again great co-operation and help has been given by the teachers.

Minor Ailment Clinics

The attendances of children at the clinics are shown in the following table:—

<i>Disease or Defect</i> (1)	1949		1950		1951	
	<i>Number of Attendances</i>		<i>Number of Attendances</i>		<i>Number of Attendances</i>	
	<i>First</i> <i>(2)</i>	<i>Second and</i> <i>Subsequent</i> <i>(3)</i>	<i>First</i> <i>(2)</i>	<i>Second and</i> <i>Subsequent</i> <i>(3)</i>	<i>First</i> <i>(2)</i>	<i>Second and</i> <i>Subsequent</i> <i>(3)</i>
Skin :—						
Ringworm—Head	36	475	20	172	19	109
Ringworm—Body	17	39	11	16	11	34
Vermineous Head	270	143	214	178	208	175
Scabies	22	17	13	16	3	—
Impetigo	120	138	46	82	63	85
Other Skin Diseases	232	218	130	90	171	60
Lung Diseases	4	—	3	1	3	—
Heart Diseases	2	—	3	—	2	1
Ear Diseases	243	165	144	68	164	76
Nose and Throat Diseases	235	44	159	31	118	18
Eye Diseases (external and other)	619	329	496	289	431	127
Orthopædic (Posture, Flat Foot and other)	244	196	251	206	134	155
Nervous System (Epilepsy or other)	1	—	2	—	4	—
Psychological (Development or Stability)	12	—	12	5	11	10
Developmental (Hernia or other)	9	4	11	2	5	1
Miscellaneous (Minor Injuries, Sores, Chilblains, etc.)	4008	4150	2884	2870	2636	2736
TOTAL	6074	5919	4399	4026	3983	3587

Although the number of first attendances at these clinics during the year was lower than in 1950, the fall was much less pronounced than in previous years and it seems as if a steadier level has now been reached. In April the timetable of the clinics were changed enabling the school doctors on most occasions to attend two successive clinics in a morning, an arrangement which has proved most satisfactory. The Summertown Clinic was closed in April as a result of a decreasing attendance of patients.

Comparatively minor conditions accounted for most of the first attendances but it is important that these should be dealt with promptly, and the minor ailment clinics continue to provide a valuable service for this purpose. They are also a natural meeting place for parents and school doctors in order to discuss problems which often have both a medical and an educational side to them. The very real and active co-operation between family doctors, hospital doctors and school doctors which exists in Oxford adds much to the value of the work of these clinics.

Eye Defects

Special Clinic at the Eye Hospital

The special clinic for school children held at the Eye Hospital has continued; a clerk from the School Health Department attends regularly.

There is no waiting list for examination of new cases and no undue delay in the provision of spectacles prescribed. 1,023 children from maintained schools attended this clinic during the year compared with 1,249 in 1950. Spectacles were prescribed in 434 cases.

Colour Vision

All school children in the 10—11 year age group have continued to be tested for colour vision using the Ishihara colour vision charts. Out of 1,139 pupils examined 15 boys were found to be colour blind.

These tests were introduced in 1949 and during the past three years 3,821 children between 10 and 11 years of age have been tested. 43 boys have been found to be colour blind and the majority of these have been slight degrees of red-green colour blindness. Assuming the sexes were evenly distributed this gives an incidence of 2.1% in boys.

Ear, Nose and Throat Defects

Special Clinic at the Radcliffe Infirmary

This special clinic, at which a clerk from the School Health Department attends regularly, has continued to be of great value. The results of the surgeon's examination, recommendation and treatment are entered on the school medical cards and, in this way, the closest liaison is maintained.

Attendances of City Children at the E.N.T. Clinic

New Cases	458
Old Cases	247
Number recommended for operative treatment ..	390
Number recommended for other forms of treatment ..	181
No treatment advised	134
City children who received operative treatment for:—	
Tonsils and Adenoids	294
Diseases of the Ear	7
Other operative treatment	66

Audiometry

During the year audiometric tests using a gramophone audiometer were started in primary schools. Initially arrangements were made for the audiometrician from the Ear, Nose and Throat Department of the Radcliffe Infirmary to carry out the testing with a Health Visitor in attendance but later in the year the Health Visitor undertook the testing herself. The help which the audiometrician gave was most valuable and the active co-operation of the Ear, Nose and Throat Department was greatly appreciated.

Three age groups, namely, 8, 9 and 10 years, were tested in 12 primary schools together with any children specially referred by the teachers. In all 1,584 children were tested and 60 of these failed both the test as well as a retest and were referred to the minor ailment clinics. From the latter 17 children were sent on to the Ear, Nose and Throat Department and of these 10 were new cases among whom 6 required some form of active treatment.

The 9 year age group was found to be much more satisfactory to test than the 8 year age group. The main disadvantage of the gramophone audiometer test was that a considerable amount of concentration on the part of the child was required and those children who were unintelligent or slow at writing numbers often failed through inability to write down the figures rather than through any defect of hearing.

Ringworm

The special diagnostic clinic attended by an Assistant School Medical Officer has continued, but towards the end of the year the number of cases attending was small and it seems as if the aim of the clinic which was the elimination of Head Ringworm is within sight of achievement. A Wood's Glass is available at this clinic.

Treatment

There has been no change in the arrangements for treatment. Mild

cases are treated by inunction and manual epilatioⁿ. One nurse is in attendance at a special clinic and arrangements are also made for treatment to be given at several other minor ailment clinics. The parents of infected children are instructed in home treatment. With the consent of the parents, children showing extensive infection are seen by Dr. Carleton, Consulting Dermatologist, at the Radcliffe Infirmary, regarding their suitability for X-ray epilation. This is undertaken, when prescribed by Dr. Carleton at The Slade Hospital.

Number of cases

20 cases were treated during the year, 16 City school children, 3 pre-school children and 1 child from the County. 16 cases were discharged as cured and 4 were allowed to return to school but were kept under periodic review by the clinic. No child was away from school at the end of the year and the last new case occurred in October.

Figures for cases of ringworm treated have steadily fallen every year since 1946 when there were 91 cases.

1946	..	..	..	..	91
1947	..	..	..	..	57
1948	..	..	..	..	55
1949	..	..	..	..	36
1950	..	..	..	..	20
1951	..	..	..	..	16

There is no doubt that the ringworm clinic can take credit for much of this satisfactory decrease.

Scabies

Treatment of scabies was carried out during the year by the staff of Cold Arbour Hospital and their valuable service in this respect is greatly appreciated.

The substantial decrease in the numbers of new cases noted last year continued during 1951 and was even more pronounced. It is most satisfactory that the figures of individual children affected fell from 39 in 1950 to 6 in 1951.

A clear idea of the remarkable improvement during the last four years is shown by the following figures.

			1948	1949	1950	1951
Total number of treatments given						
(cases and contacts)	..	..	148	132	67	19
Total number of individual children						
treated	..	..	62	54	39	6

Verminous Conditions

During the year 28,909 cleanliness inspections were carried out and out of a school population of 9,632 examined, 208 children (2.16%) were found to be verminous. This may be compared with the figure of 8% for England and Wales for 1949.

Infectious Diseases

Cases notified:—	1949	1950	1951
Diphtheria	Nil	Nil	Nil
Scarlet Fever	72	28	50
Poliomyelitis	6	5	1
Measles	859	423	518
Whooping Cough	145	250	217

Diphtheria

It is most satisfactory that this dangerous disease has become an extreme rarity and that no case was reported in a school child in Oxford for the third year in succession.

During the year 222 school children received their primary immunisations against Diphtheria and 1,607 received booster injections.

Scarlet Fever

50 cases, the majority of which were very mild in character, were notified in school children during the year.

Poliomyelitis

One case of poliomyelitis occurred in a boy of 3½ years attending North Oxford Nursery School. He developed a mild paralytic attack and was admitted to the Slade Hospital. Subsequently he was transferred to the Wingfield-Morris Orthopaedic Hospital.

Tuberculosis

It is satisfactory to report that the decrease in the number of new cases of tuberculosis in school children noted last year has continued as shown by the following figures:—

A. <i>New Cases</i>	1949	1950	1951
Pulmonary Tuberculosis	13	8	5
Non-Pulmonary Tuberculosis	4	4	2
B. <i>Cases on the Notification Register on December 31st</i>			
(a) Pulmonary Tuberculosis	42	36	34
(b) Non-Pulmonary Tuberculosis	34	24	26

Incidence of Tuberculosis

All the new cases attended different schools and two of them were direct contacts of other members of the family found to be tuberculous.

Sonne Dysentery

In January, shortly after the beginning of the Easter term, an outbreak of Sonne Dysentery occurred in Donnington Infant School and affected mainly the two nursery classes. Preventive measures taken included the exclusion from school of all the brothers and sisters of cases until all infection had ceased in the home. There were 74 original cases and 59 contacts of these excluded from school. Of the 59 home contacts 15 (25.4%) later developed dysentery; 23 (39%) were found to be carriers without having any symptoms and 21 (35.6%) were not infected. There is little doubt that the exclusion of all home contacts from schools must have played a large part in limiting the spread of infection to other schools for with the exception of Singletree Nursery School, no other school was affected to any major degree although cases occurred in 18 different schools.

This outbreak was studied in some detail in close co-operation with the Public Health Laboratory. Although the illness was generally mild it had a fair "nuisance value" in the two schools in which infection obviously spread within the school. It was, however, definitely concluded that the home played a more important role than the school in the transmission of this disease. There were a number of other interesting epidemiological facts brought to light by the investigation and it is hoped to publish an account of these in one of the medical journals.

Nursery Schools and Nursery Classes in Primary Schools

There are seven nursery schools and three nursery classes. These are visited once a week by a school nurse and once a month by an assistant school medical officer. Routine medical inspections are carried out twice a year by an assistant school medical officer. At these inspections, parents are encouraged to be present and the same facilities for dealing with defects are available for these children as for all other school children.

The number of medical inspections carried out in these schools during the year was 739.

Remedial Clinics

Since February of this year when Miss Flint commenced duty, it has been possible to re-open several of the clinics which were temporarily closed owing to staff shortage; thus the waiting lists have been greatly diminished.

As it was impossible to keep all the clinics working, Wolvercote and Cutteslowe have been temporarily closed; the more severe cases from the former attending Summertown Clinic and it is hoped that Cutteslowe will soon be re-opened.

The clinic for West Oxford Infant School was re-opened last September

but owing to lack of accommodation in the school, the classes have to be held in the canteen despite the unsuitability of the floor.

The special breathing exercise classes were again held in the Open Air School during the summer months.

There is a marked difference in the rate of progress between children who practise the exercises regularly at home and those who only do so intermittently.

Notice should be drawn to the fact that included in the poor posture classes are children who require special breathing exercises notably for asthma and for post operative treatment.

During the year a series of talks on the care of children's feet were given to parents in various parts of the City, also to nursery students at East Oxford Health Centre.

Details of the work is shown in tabular form. Treatment described as declined or incomplete includes those children who have left school or the City, before a satisfactory result was obtained.

			<i>Number under treatment</i>	<i>Posture</i>	<i>Feet</i>	<i>Satis- factory Result</i>	<i>Treat- ment Incom- plete</i>	<i>Still on treat- ment</i>
Summertown Infant ..	..	—	24		8	3	13
Summertown Clinic ..	..	20	22		23	—	19
Walton St. Clinic ..	..	34	19		24	—	29
City of Oxford School ..	..	17	31		19	2	27
St. Frideswide's School ..	..	7	7		5	—	9
*West Oxford Infant School..	..	—	26		3	—	23	
West Oxford Girls' School ..	..	17	20		21	3	13
St. Thomas' J.M. School ..	..	3	12		5	—	10
Hinksey Clinic ..	..	32	26		26	5	27
St. Clement's Infant School ..	..	1	8		1	—	8
New Marston Clinic ..	..	15	15		13	1	16
SS. Mary & John Inf. School ..	..	5	13		2	—	16
East Oxford Clinic ..	..	89	63		54	—	98
Donnington Clinic ..	..	49	70		42	5	72
Cowley Clinic ..	..	22	29		16	2	33
Barton School ..	..	14	19		8	—	25
Headington Clinic ..	..	21	16		6	—	31
*Headington Quarry School..	..	4	4		2	—	6	
Temple Cowley School ..	..	25	29		29	—	25
South Oxford Clinic ..	..	30	34		25	2	37
St. Matthew's Infant School..	..	2	22		4	—	20	
			407	509	336	23	557	

* These Clinics were only open for the Autumn Term.

Handicapped Children

(a) BLIND—5 children—one at the Royal School for the Blind, at Birmingham; one at Condover Hall, Shrewsbury; one at the Sunshine Home, Leamington Spa; one at the Sunshine House, Court Grange, Abbotskerswell, and one child of two who is waiting to go to a Sunshine Home. These three new cases were all due to a newly discovered disease named retrolenticular fibroplasia which occurs in very premature babies.

(b) PARTIALLY SIGHTED—10 children—2 boys at the Brighton School for Boys; one girl at the Barclay School, Ascot; 6 children who have been supplied with glasses and the head teachers have been instructed to allow them to sit in the front row of class, and one pre-school child.

(c) DEAF—9 children—4 at the Royal School for the Deaf at Birmingham; one at the School for the Deaf, Llandrindodd Wells; one at the Mary Hare Grammar School, Newbury; one at the Donnington Lodge School, Newbury; one at the School for Deaf Children, Tenbury Wells, Worcester; and one pre-school child who is waiting to go to a special school.

(d) PARTIALLY DEAF—11 children—5 children with hearing aids attending ordinary schools and 5 with a hearing loss of some degree who sit in the front row of class. One child is on the waiting list for a residential school and at present attends Northern House School.

(e) DELICATE—39 children—35 attending the Open Air School; one child at St. Catherine's Open Air School, Ventnor; and one boy at Northaw Independent School. Two children who have primary tuberculosis have been provided with a home teacher. Later in the year one of these children had to be admitted to the Slade Hospital but, as there were no medical contra indications, the home teacher continued to teach this child.

The British Red Cross Society have been a great help in dealing with these children and also the physically handicapped children mentioned later. Constant visits and encouragement have been given to these children in the form of help with handicrafts and hobbies. The assistance given by the British Red Cross Society is greatly appreciated.

OPEN AIR SCHOOL

The number of children attending the Open Air School has varied between 35 and 41. This fluctuation in numbers is necessitated by the limitations of the building which make it impossible for the full number of stretcher beds to be used for the rest period in bad weather. Once again the great disadvantage of lack of any heating made it necessary to exclude certain frail children and all children under seven years of age and this severely limits the usefulness of this school. The present economy restrictions suggest that the eventual solution—the building of a new day

school for delicate children which is included in the Development Plan—will probably be considerably retarded.

Discharges during 1951

9 children left during the year, see table below:—

<i>Condition</i>	<i>No. of Children</i>	<i>Length of attendance (in terms)</i>
Bronchiectasis	2	Case No. 1—11 Case No. 2—14
Convalescence following Primary Tuberculosis	2	Case No. 1—5 Case No. 2—8
Asthma	2	Case No. 1—14 Case No. 2—16
Poor Nutrition	2	Case No. 1—9 Case No. 2—13
Allergic Rhinitis	1	Case No. 1—4

Admissions during 1951

10 children (6 boys and 4 girls) were admitted during the year. 4 were suffering from asthma, 3 were convalescent from primary tuberculosis and there were single cases of poor nutrition and Perthe's disease, convalescent from meningitis and recurrent bronchitis. These admissions include that of a boy with asthma who was transferred to a residential special school after attending for a short time at the Open Air School.

Children attending the Open Air School on December 31st

The diagnosis of the 35 children attending the Open Air School were:—

Convalescent Primary Tuberculosis and Tubercular contacts	13
Asthma	8
Bronchiectasis	5
Poor nutrition	5
Recurrent Bronchitis	2
Epilepsy following encephalitis	1
Convalescent Tubercular Meningitis	1

The medical conditions of the children attending are very similar to those of 1950 although there is now a slightly higher proportion of convalescent primary tuberculosis and tubercular contact cases. These are an ideal type of case for such a school as a stay of about a year in an open air school results in maximum benefit to the child's health with minimum interference with his education.

The sources of referral of the children were:—

				<i>Total children in</i>	
				<i>school</i>	<i>1951</i>
				<i>December, 1951</i>	<i>admissions</i>
Radcliffe Infirmary	..	..		15	3
Assistant School Medical Officers				9	3
Chest Clinic	..	..	..	8	1
Family Practitioners	..	..		3	2

These figures again stress the great importance in dealing with this kind of handicapped child of effective liaison between all branches of the medical profession and particularly between the Radcliffe Infirmary and the School Health Department. The arrangement continued during the year whereby Assistant School Medical Officers attend both the Bronchiectasis and Asthma Clinics at the Radcliffe Infirmary and this close liaison is of very great value in this respect.

The length of stay of the children attending on December 31st, 1951, was:—

Less than 1 year	..	..	8
1—2 years	..	..	12
2—3 years	..	..	7
3—4 years	..	..	5
4—5 years	..	..	2
Over 5 years	..	..	1

The length of stay still tends to be longer than desirable in some cases. Structural difficulties referred to already make it difficult to admit many cases in the winter for the weather conditions then make the rigours of the Open Air School life of doubtful benefit without gradual acclimatisation.

Medical Arrangements

Dr. Margaret Kemsley who is responsible for the medical supervision of the children attending the Open Air School reports as follows:—

“Remarkable gains in weight and increases in height demonstrated the improvement in nutrition in all children except the severe asthmatics, whose progress is always slow. Few children gained less than 7 pounds in the year and one put on 16 pounds. This demonstrated the value of fresh air and exercise leading to increased appetites satisfied by a really good mid-day meal followed by a rest. The improved general nutrition of the children and the fresh air is probably responsible for the lack of colds and absence of any epidemic.

The weekly class held by Miss Brindle, the Medical Gymnast, is particularly valuable for the children with asthma and bronchiectasis.

In April, 1951, the senior girls started attending weekly classes at the East Oxford Domestic Centre. In the Summer term 12 children attended and this helped them greatly to feel that they were not cut off from normal education.

Unfortunately for family reasons Miss Hobson was forced to resign her position as Headmistress where she had given valuable service to the school for two years. She had carried on Miss Lainsbury's wonderful foundation and traditions and left behind her added benefits to the school."

(f) DIABETIC—one child who is on the waiting list for a special school. (She was admitted to a special hostel on January 29th, 1952).

(g) EPILEPTIC—one child at the Epileptic Colony, Chalfont St. Peter.

(h) EDUCATIONALLY SUBNORMAL—22 children are attending residential special schools for educationally subnormal pupils—6 at Woodeaton Manor School, Oxon; 6 at Besford Court, Worcester; 3 at St. Thomas More's School, East Allington, Devon; 3 at Monyhull School, Birmingham, 2 at All Souls' School, Hillingdon; one child at the Pontville R.C. School, Ormskirk, and one child at Littleton House School, Cambridge.

23 children attended Bayswater Rise Day Special School for educationally subnormal pupils and 100 children are receiving special educational treatment in special classes in ordinary schools.

During the year 80 children were examined by the Approved Medical Officers, Dr. Davies and Dr. Cooper. 18 of these children were reported to the Local Health Authority either under Section 57 (3) or 57 (5) of the Education Act, 1944.

(i) MALADJUSTED—one child at Mulberry Bush School; one child at Walton End School; 2 at Hever Warren School; 2 at the Vineyard School; one child at Bylands School; one child at Bodicote Hostel; and one child at Westhope Manor School.

38 children attended the Northern House Day Special School and 3 children are attending ordinary maintained schools.

CHILD GUIDANCE CLINIC

(Report submitted by Dr. R. G. McInnes and Dr. V. L. Kahan)

During 1951, an important change in the administrative and clinical organisation of Child Guidance in Oxford took place. The Oxford City Education Committee and the Oxford Regional Hospital Board, after consultation, agreed that the latter body should now employ and designate the psychiatrists who provide the medical psychiatric service of the City, Child Guidance Clinic. This has been done by continuing Dr. V. L. Kahan in the post of Medical Director of the Child Guidance Clinic, but employed now by the Regional Hospital Board; and by designating Dr. R. G. McInnes, Consultant Psychiatrist to the Regional Hospital Board, as Consultant Director of Child Psychiatric Services, on a part-time basis.

This arrangement was put into practical effect in the early half of the year. Its results are already becoming apparent in a greater degree of

co-ordination between the psychiatric service of the Child Guidance Clinic and the other psychiatric services of the Area, particularly in the adult field. This has been achieved in a number of ways. Regular conferences are held at the Child Guidance Clinic, attended by the psychiatrists and other members of the Clinic staff. These provide an opportunity, not only for the consideration and examination of individual patients, but also for the exchange of opinions and information from different spheres of psychiatric work. Dr. Kahan now also attends on Monday afternoons a Children's Outpatient Session at the Park Hospital for Functional Nervous Disorders, which is under the control of Dr. McInnes. This gives a further opportunity for collaboration and discussion with the psychiatric staff of the Park Hospital.

The arrangement described has also been instrumental in securing some changes of administrative and clinical policy which seemed to be beneficial and to enhance the value of the Clinic work as a whole. In particular it has been the aim to bring the work of the Clinic closer to the medical field in general, and to make it even more readily available for the referral of patients from other doctors.

There has been a tendency for Child Guidance to become separated off from the general field of psychiatric and medical activity. This has been inevitable, and, to some extent, desirable, since the Child Guidance Clinic, or at least some of its staff, have important duties in the educational field. It has seemed to the writers, however, that the separation between the psychiatric aspects of child guidance, and the general body of psychiatry and medicine, has been too wide in the past. The approximation in administration and function between these two branches of medicine which is being sought after in the general policy of the Clinic now, will rescue Child Guidance from medical isolation and thus redound to the benefit of the children and the parents who are referred there for treatment and advice.

The effects of greater integration at the psychiatric level are also being seen in the extent to which the non-medical staff of the Child Guidance Clinic are widening their interests in the field of general psychiatry. Several members have attended clinical conferences at the Warneford Hospital.

The general policy here described is therefore naturally leading to closer co-operation between Child Guidance and psychiatric medicine. The logical outcome of such a policy would be the provision of a few beds at a suitable place for those children who required more intensive observation and treatment than can be provided on an outpatient basis, and who are not suitable for admission to one or other of the existing kinds of institution or home. Already it has been possible to admit one or two children to the Park Hospital for special purposes of observation, and this has proved a useful adjunct to the facilities which are now provided. The present economic stringency makes the provision of additional

beds for children unlikely in the immediate future, but there is no doubt that in a full child psychiatric service, these beds will have to be provided.

The administrative changes that have resulted from the conjunction of the Regional Hospital Board with the Local Education Authority, as described above, have been introduced without disturbance of the smooth running of the Child Guidance Service. Division of responsibility at an administrative level and clinical consultation, have not led to any division in the clinical responsibility or approach to the children referred. Whether a child is referred through Education or Medical channels, he or she becomes a full clinic case and is dealt with by the usual Child Guidance procedure.

104 new cases were seen during the year. This number is smaller than in 1950, when 137 cases were seen. 1951, however, saw a change of Educational Psychologist, with a three months' gap in the continuity of psychological service. Mr. Balbernie left the Clinic in September to start his own school for emotionally maladjusted children, and it was only on the 1st December that his successor, Mr. J. R. Fish, came to join the Clinic staff.

Psychiatric social services were even more interrupted. During this year the Clinic has not had a full-time Psychiatric Social Worker. Mrs. E. J. Beck provided part-time service for the majority of the year, but resigned in July. These part-time services, which were very valuable, however, were insufficient to maintain the ordinary intake of new cases and the social supervision that treatment required.

Miss K. G. John, a trained Social Worker but not qualified in the psychiatric aspects of social work, joined the Clinic staff in October, and with advice and assistance from Mrs. Beck, has provided valuable social service in regard to the patients that were being treated in the clinic.

The sources of referral were very similar to those of the previous year, the majority (50) being referred through the schools and the Educational Psychologist; the Radcliffe Infirmary, private doctors and parents accounted for 21 cases, and the Courts and Children's Officer for 7. The School Medical Officer accounted for 19. Unusual or minor sources accounted for the remainder.

The reasons for referral follow the customary pattern, with behaviour disorders, including pilfering, lying and truanting, accounting for the great majority (41). Habit and nervous disorders and bedwetting account for a similar number (37), and educational difficulties in association with other symptoms, for the remainder.

75 cases were closed during the year, of whom 33 were improved greatly or in part. It will be noticed from the table at the end of this report that 18 children were transferred to other agencies, and that 8 parents were unco-operative. The transfers were in some respects cases which would not, in the ordinary way, have been taken on for treatment or ones which, in

the course of investigation, were thought to be unsuitable for the scope of Child Guidance. Among the unco-operative parents were some who showed discontent at clinical failure to help their children, but the majority were people who were not influenceable by the type of factors which are regarded as basic in child guidance work. Thus of the cases closed after treatment, 50% had improved, 38% were partly improved and 12% not improved.

A survey of the open cases shows some interesting sidelights. The average age of referral is round about 7 years, and boys outnumber girls by approximately three to one. The majority of cases which are being actively worked on at the Clinic have been under treatment for one to two years.

Although broken homes are a potent source of difficulty in childhood, of the 171 cases which are open at the moment, 72% of the children have both parents living at home. This is not surprising when one considers the relatively small proportion of broken homes to normal ones in the general population. The fact that both parents are in the home does not necessarily make it an ideal one, and it is generally recognised amongst workers dealing with emotionally disturbed children, that there is usually disharmony in the atmosphere of the home in the vast majority of cases that need to attend the Child Guidance Clinic.

In addition to the actual treatment of individual cases of difficulty, and the diagnosis of abnormalities which can be dealt with through appropriate channels, Child Guidance has an important part to play in the prevention of the development of traits, and sets of outlook and conduct, which would be likely to lead to unsatisfactory attitudes in later years. In addition, Child Guidance Services disseminate a great deal of valuable information over a wide field, so that in many cases parents and social agencies dealing with children, adopt indirectly many of the principles of child guidance, and utilise them in their own problem situations, quite apart from actual attendance at a Child Guidance Clinic. This is an indirect result of the work of the Child Guidance Service, and is one which perhaps does not receive the recognition that it deserves.

The waiting-list for non-priority cases continues to be about 4—6 months. Fortunately, it is usually possible to see urgent referrals in a very much shorter time.

Northern House School for Maladjusted Children has continued to work in close conjunction with the Child Guidance Clinic. In addition to all the new admissions to Northern House School, passing through the Child Guidance Clinic to ensure proper placement, there have been regular case conferences between the teaching staff and the members of the Clinic team, throughout the year. This has enabled not only clinical and social supervision to be continued, but also has broadened the outlook of the teaching staff in relation to general problems inherent in maladjustment.

The need for a school specialising in the education of maladjusted

children is well seen from the Clinic angle, and the task of finding appropriate channels of dealing with emotionally disturbed children is greatly facilitated by the close relationship that is maintained between the Clinic and the School.

It is appropriate to draw attention to the willing co-operation of the whole of the Child Guidance Clinic staff during the last year. The writers are specially grateful to the Clinic staff for the way in which they have accepted the changes in routine, consequent upon the altered administrative and clinical arrangements.

Statistics for the year ended 31st December, 1951

Cases referred for full investigation at the Clinic

1.	<i>Situation on January 1st, 1951</i>							
	(i) Cases under treatment	..	..	..	..	..	205	
	(ii) Waiting list	..	..	..	..	..	55	
2.	<i>Work during the year</i>							
	(i) New cases referred (Tables A and B)	..	..	..	..	104		
	(ii) Cases dealt with:—							
	(a) Taken on for treatment	..	..	..	..	65		
	(b) Cases closed (Tables C and D)	..	..	..	..	75		
3.	<i>Situation on 31st December, 1951</i>							
	(i) Cases under treatment	..	..	..	..	171		
	(ii) Waiting list	..	..	..	..	50		
4.	<i>Tables</i>							
	A. <i>Sources of referral</i>							
	(i) School Medical Officer	..	..	..	..	19		
	(ii) Schools and Educational Psychologist	..	..	..	..	50		
	(iii) Chief Education Officer	..	..	..	..	5		
	(iv) Radcliffe Infirmary and private doctors	..	..	..	..	12		
	(v) Parents	..	..	..	..	9		
	(vi) Courts and Children's Officer	..	..	..	..	7		
	(vii) Mental Health Committee	..	..	..	..	2		
							104	
	B. <i>Reasons for referral</i>							
	(i) Nervous disorders, fears, obsessions, etc.	..	..	..	..	17		
	(ii) Habit disorders and physical symptoms; stammer, tics, enuresis	..	..	..	..	20		
	(iii) Behaviour disorders, pilfering, lying, truanting, etc.	..	..	..	..	41		
	(iv) Educational difficulties (in association with other symptoms)	..	..	..	..	26		
							104	

N.B.—Most cases present multiple symptoms and are not classifiable into certain categories.

C. *Cases closed*

(i) Those who had been taken on for treatment:—	
(a) Improved	18
(b) Relieved	15
(ii) Transferred to other agencies	18
(iii) Diagnostic and advisory only	9
(iv) Parents unco-operative	8
(v) Left the district, before treatment completed	4
(vi) Left school (educational problems)	3
	—
	75

D. *Placements*

(i) Northern House	11
(ii) Residential hostels and schools for maladjusted children	8
(iii) Homes	2
(iv) Cases transferred from Northern House to Day School ..	8
(v) Residential schools	2

E. *Educational Problems*: (Figures exclude clinical cases enumerated above)

(i) Total number awaiting examination 1.1.51	101
(ii) Cases referred as from 1.1.51	69
(iii) Cases seen	119
(iv) Awaiting examination 31.12.51	51
Total number referred (Clinical and Educational)	173
Total number seen for diagnostic testing, including clinical cases	223
Total number waiting diagnostic testing on 31st December, 1951	51

(j) PHYSICALLY HANDICAPPED—2 children are in residential special schools—one boy at the Heritage Craft School, Chailey, and one boy at the National Children's Home, Chipping Norton.

There are 8 other physically handicapped children. 3 of these, 2 boys and a girl left residential special schools during the year and are now attending ordinary day schools in Oxford. One boy is a severely crippled old poliomyelitis case and can walk with difficulty. He is conveyed daily to school and brought home again in the afternoon. Due to the great help and co-operation of the teacher at the school minor difficulties are overcome and there is no doubt that this boy is receiving much greater benefit by having the advantage of ordinary home life coupled with attendance at an ordinary school. A great deal can be achieved by improvisation with this type of handicapped child and it is a pleasure to record my appreciation of the way in which the teachers have helped in these problems. Of the other 5 children, 4 received home teaching. There are 4

children on the waiting lists for either special schools or training establishments.

(k) SPEECH DEFECTS—Report submitted by Miss J. E. Dakin, Chief Speech Therapist, United Oxford Hospitals.

No. of Patients on attendance register, January, 1951	35
No. of Patients on waiting list, January, 1951	—
No. of new cases referred during the year	37
No. of patients referred who refused or discontinued treatment	4
*Total number of patients treated, examined or reviewed during the year	89
†Discharged Satisfactory	16
†Conditional Discharge	11
Unsuitable for treatment—E.S.N.	5
‡Treatment deferred or suspended	11
Under regulated observation	8
Left district	2
Lapsed—(Improved)	1
Reached school leaving age—(Treatment continuing under National Health Service)	1
Waiting list, December, 1951	13

* This figure includes cases reviewed from previous years.

Disorders

Retarded Speech Development	20
Retarded Speech Development and Stammer	1
Dyslalia	25
Dyslalia and Dysphonia	1
Dyslalia and Stammer	3
Stammer	19
Sigmatism and/or Rhotacism	5
Rhinophonia and Rhinolalia or Dyslalia	8
Cleft Palate	4
Dyslexia and Dysgraphia due to localised cerebral disability ..	1
Sub-normal Speech	1
Cerebral Palsy	1

Comparison of figures for previous years is shown:—

	<i>Cases referred</i>	<i>Cases treated, reviewed or examined</i>
1947	25	48
1948	46	68
1949	61	79
1950	26	89
1951	37	89

†Notes on “Conditional Discharge”

Conditional Discharge following what is believed to be sufficient treatment, precedes Final Discharge usually by a period of months, sometimes by a year or more. This procedure is designed to ensure that the improved speech is permanently established, or, in the case of children of Nursery and Infant School age, that the expected normal speech development does, in fact, ensue.

‡*Deferred and Suspended.*

Commencement of treatment may be “deferred” after first examination, or treatment already in progress may be temporarily “suspended” for a variety of reasons relating to the individual patient. Children whose attendances have been unavoidably suspended by staff shortage are not included in the above table.

The figures shown above do not differ materially from those of the previous year and only call for two comments. At January 1st, 1951, there was, happily, no waiting list. This was due to the Department's having been fully staffed since May, 1950, a fact which also promoted prompt follow ups and reviews. Unfortunately, this position has not been maintained as the Department was deprived, through illness, of the services of one Speech Therapist in September, and no replacement is expected until March, 1952. For the last three months of this year, the Department has, therefore, been short staffed, the treatment of a number of children has been unavoidably suspended, and a small waiting list of new cases has grown up.

Apart from this staffing difficulty, the work has proceeded satisfactorily, attendance and co-operation on the part of parents being, with the usual few exceptions, good. In this connection, a great deal is owed to the clerical staff both of this Department and of the School Medical Department for their unflagging care and personal interest in organising appointments to meet parents' individual needs, in operating the School Car Service, where this is necessary, in following up the minority of poor attenders, and in countless other ways in which a real desire to help both the children and their parents contributes a very large part towards successful treatment.

In the classification of disorders, it will be seen that the number of cases referred for Retarded Speech Development has increased—from thirteen in 1950 to twenty in 1951. The age of these children varied between $3\frac{1}{2}$ and 6 years. This increasing tendency to early referral may prove to be a rewarding policy. On the one hand, any organic defect of speech (or hearing) may be discovered earlier, on the other, the child who is late in developing speech often becomes the dyslalic—and sometimes, perhaps, even the stammerer,—in the next age group. Referral to the Speech Clinic at an early age does not necessarily mean that the child is placed on regular attendance, still less that he is given formal

instruction. But it does permit of a thorough exploration of the problem before much psychological damage has been done to the child by his language disability and by affording guidance to the parents and others concerned may promote valuable preventive work.

It is encouraging that less stigma seems to be attributed by the parents to a speech disability than formerly. Consequently, there is less resistance to overcome when advice is recommended and more readiness to use the service. Gratitude for the advantages gained by a child who has been under treatment is often expressed by the parents, and it is not uncommon for the mother of one child who is under treatment, to seek advice concerning a younger member of the same family. Besides demonstrating the insight she has herself gained through attendance at the clinic, this tendency may also facilitate preventive action. Although no statistics are available, case histories do suggest that more than one case of speech difficulty (especially of the developmental type), is apt to occur in the same, or in related families.

Once again, the work of this Department owes a great deal to the support and co-operation of the School Medical Department, and through that Department for the interest of the teachers and perhaps especially of the Nursery Schools. We are also very grateful for the continued service of the same School Car driver whose interest in the children's welfare and friendliness to his small passengers is one of the "intangible assets" that count for much in the children's response to treatment when they arrive at the clinic.

REPORT OF THE CHIEF DENTAL SURGEON— C. H. I. MILLAR, L.D.S.

The restricted school dental service provided during the first six months of 1951 by one full-time and one part-time officer (supplemented during March, April and May by the temporary assistance of another part-time officer) ceased to be available at the end of June, when Miss M. I. Johnston, the last full-time dental surgeon in the service, resigned her appointment. Mrs. H. Pigott, who previously had been attending the Bury Knowle clinic four sessions weekly during term time, was unable to do so from July to the end of October, for health reasons so that during these months no school dental service existed in the City.

A new Chief Dental Officer was appointed and took up his duties early in October, so that when Mrs. Pigott returned to Bury Knowle, the staff once again comprised one full-time and one part-time officer. No change could, therefore, be made in the policy, decided upon when Mr. Allin resigned, of concentrating attention upon a limited number of schools, attempting to give children attending these the fullest possible treatment and restricting that offered to other school children to emergency treatment.

In an attempt to recruit full-time assistant dental officers to the service, a letter was sent to the Deans of dental schools in the United Kingdom, asking that the attention of students about to qualify as dental surgeons might be drawn to the vacancies which exist in Oxford. Though the dental schools co-operated in this move, neither it nor the advertisement in the *British Dental Journal* brought forth any response. There is, however, some prospect that the position will improve in 1952, as two part-time officers have been appointed and will commence duty early in the year.

PRIMARY SCHOOLS

Inspection and Treatment

3 Schools were visited. Of 344 boys and girls inspected 80% were found to require dental treatment. 88% of those referred for treatment accepted it.

Particulars of Inspections and Treatment

1. Number of children:

(a) Inspected	.. .. .	334
(b) Found to require treatment	.. ..	276
(c) Actually treated	.. ..	588
2. Half-days devoted to:

Inspections: 5. Treatment: 128. Total: 133.
3. Attendances made for treatment: 1,239.
4. Fillings:

Permanent teeth: 558. Temporary teeth: 242. Total: 800.
5. Extractions:

Permanent teeth: 75. Temporary teeth: 791. Total: 866.

5 of the 75 permanent teeth mentioned above were extracted for orthodontic purposes.
6. Administration of General Anaesthetics: 4.
7. Administration of Local Anaesthetics: 827.
8. Other operations:—

Permanent teeth: 177. Temporary teeth: 40. Total: 217.
9. Partial dentures fitted: 6.
10. Regulation of teeth:

12 patients were under treatment during the year, and 7 appliances were fitted.

Inspection of Primary Schools, 1951

<i>School</i>	<i>No. Insp.</i>	<i>Sound Mouths</i>	<i>Refused</i>	<i>Own Dentist</i>	<i>Accpt.</i>	<i>% Accpt.</i>
West Oxford Infants' ..	125	32	13	2	78	84
West Oxford Girls' ..	128	18	5	1	100	91
St. Frideswide's Boys' ..	76	18	16	1	41	71
	329	68	34	4	219	80%

Special Cases; Emergency Treatment

These patients were treated on Saturday mornings at St. Aldates. (Many, with toothache, were treated during the week and are included in the report for the Primary and Secondary Schools section).

1. Number of attendances: 167.

2. Fillings:—

Permanent teeth: 7. Temporary teeth: 12. Total: 19.

3. Extractions:—

Permanent teeth: 12. Temporary teeth: 163. Total: 175.

4. Other operations:—

Permanent teeth: 27. Temporary teeth: 31. Total: 58.

SECONDARY SCHOOLS

Inspection and Treatment

Of 575 boys and girls inspected, 91% were found to require treatment. 9% had naturally or artificially sound teeth. Of those referred for treatment, 73% accepted it.

Particulars of Inspections and Treatment

1. Number of boys and girls:—

(a) Inspected 575

(b) Found to require treatment 521

(c) Actually treated 455

2. Half-days devoted to:—

Inspections: 4. Treatment: 320. Total: 324.

3. Attendances for treatment: 1,381.

4. Fillings:—

Permanent teeth: 1,287. Temporary teeth: 13. Total: 1,300.

5. Extractions:—

Permanent teeth: 153. Temporary teeth: 85. Total: 238.

21 of the 153 permanent teeth mentioned above were extracted for orthodontic purposes.

6. Administration of General Anaesthetics: 5.

7. Administration of Local Anaesthetics: 236.

8. Other operations:—

Permanent teeth: 429.

9. Partial dentures fitted: 13.

10. Regulation of teeth:—

16 patients were under treatment during the year, and 9 appliances were fitted.

Inspection of Secondary Schools, 1951

	No. <i>Insp.</i>	Sound <i>Mouths</i>	Refused	Own <i>Dentist</i>	<i>Accpt.</i>	% <i>Accpt.</i>
Headington Secondary Modern	237	18	47	5	167	76
East Oxford Secondary Modern	77	3	15	—	59	80
South Oxford Secondary Modern	248	33	28	4	183	85
	562	54	90	9	409	80%

WINGFIELD-MORRIS ORTHOPAEDIC HOSPITAL

Children in the hospital received dental treatment once during the year.

Particulars of work

1. Actually treated: 17.
2. Attendances: 44.
3. Fillings:—
Permanent teeth: 5. Temporary teeth: 4. Total: 9.
4. Extractions:—
Permanent teeth: 3. Temporary teeth: 9. Total: 12.
5. Other operations:—
Permanent teeth: 1. Temporary teeth: 2. Total: 3.

REPORT OF THE ADVISERS IN PHYSICAL EDUCATION—

MR. K. JARY AND MISS A. H. STAPLETON

The year has been one of consolidation of the foundations laid by means of teachers' training courses over the previous two years. The development of skills through the increased use of small and large apparatus has become very apparent.

Any criticism that the present type of lesson lacks formal posture training shows a misapprehension of the true meaning of good posture. The ability to hold a good standing position is of course important but the child should be observed when he or she is not consciously making an effort. Bad habits of walking, standing and sitting, throughout the day cannot easily be corrected in a daily 20 or 30 minute period and all teachers should be aware of the value of good functional positions for these activities and co-operate with the P.E. teacher in obtaining them.

Displays of Physical Education were a prominent feature of the Festival of Britain Celebrations and the high standard of work shown to parents was most pleasing.

Equipment

Schools without fully equipped gymnasia are being gradually brought up to an adequate scale of portable equipment of box, bench, mat and heaving apparatus type. It was intended that the programme of equipment should be completed by the end of this year but owing to rising costs and reduction in proposed estimates it has been found impossible. It is true to say, however, that few of the main items are now outstanding.

This year saw nine Junior and Infant Schools equipped with climbing apparatus of tubular steel construction erected in the playgrounds and several units of different types and design are now on order. By the end of the next year almost every Primary school will have some piece of

climbing apparatus. Games equipment has increased considerably in cost over the past three or four years and it may not always be possible to maintain the present rate of supply. Care in use and storage will lead to longer life and will well repay the extra trouble involved.

Clothing

The provision of clothing as far as it has gone has done a great deal towards improving the standard of work and has more than justified the expenditure involved.

Courses

(A) *Women*

(a) *Swimming Instruction*

A course of six sessions was held at Cowley Baths in the Spring Term and fifteen teachers attended.

Boys and Girls from Donnington Junior School were present to demonstrate. Through the results of this course an increased number of children have been introduced to the back and front crawl strokes.

(b) *Modern and National Dance*

In the Autumn Term a course of six meetings for men and women teachers in the teaching of Modern and National Dancing to children of 7—15 years of age was held. Thirty teachers attended and classes of Primary, Secondary Modern and Secondary Grammar showed work.

(c) *Hockey Coaching*

The final sessions of the Hockey Course were completed in the Spring Term. The stimulating coaching of Miss E. Taylor, Chief Coach of the All England Women's Hockey Association was much appreciated.

(B) *Men*

(a) *Cricket*

Two courses in cricket were held during the year and proved most popular and highly successful. The first was a residential weekend course arranged in conjunction with the Central Council of Physical Recreation at the National Training Centre, Bisham Abbey, near Marlow. Some twenty teachers from schools in the city attended and in spite of somewhat unfavourable weather a full programme of coaching methods and skills under Mr. Charles Palmer of the Leicestershire C.C.C. and England, was followed.

The second, a one day course later in the season, was held at the Dragon School, Oxford. Coaching was given by Mr. Tom Barling formerly of Surrey C.C.C. and now Coach at Eton. Thirty-four teachers attended.

(b) Football

Forty-five men teachers enrolled for a course in the teaching and coaching of football skills and tactics held at the Temple Cowley School during the autumn. Through the Football Association Coaching Scheme the services of Mr. W. Yates, the former Bolton Wanderers player, now chief coach to the Berks and Bucks F.A., were obtained. It has been pleasing to see the application during organised games lessons of the methods put over during this course.

It is intended to follow this up by a further course in 1952, for teachers who wish to sit for the Preliminary Coaching Certificate Examination of the F.A.

Games*(A) Girls**(a) Tennis*

Tennis for fourth year girls was included for the first time for four additional schools. It is very encouraging to see their enthusiastic response. Unfortunately, however, many girls are prevented from playing through the high price of rackets.

(b) Hockey

Many schools have now introduced "six-a-side hockey" in the games period and great efforts are being made to improve stick work. Owing to the inclement weather the Inter-Schools Hockey Tournament was cancelled in the Spring Term. Several Schools entered girls for the County trials. It is very encouraging to note that more schools have arranged friendly matches.

(c) Netball

The Oxfordshire Netball Association held a successful tournament at Milham Ford School in the Easter Term. Twenty-one schools competed. An increased number of friendly matches have been played.

*(B) Boys**(a) Association Football*

Considerable interference with winter organised games resulted from the poor drainage of the playing fields at Cowley, Manor Road and Oatlands Road, with the result that the final rounds of some of the inter-school competitions were delayed until the summer term, which is hardly desirable. The Oxford Boys' representative side after an uncertain start combined into one of the best teams of recent years and reached the last sixteen of the English Schools Trophy competition. When it is remembered that some four hundred teams enter this competition and that Oxford is a comparatively small area this is a very creditable effort.

The organised games lesson is being used more for skill-coaching and practice than formerly, as a result of the course held at the beginning of

the season. Two F.A. Coaches have been visiting schools giving instruction in the technique and tactics of the game and demonstrating the organisation of games lessons.

(b) *Cricket*

Playground coaching in batting and bowling has become a feature of the outdoor physical education lesson in summer. Net practice is now possible at Temple Cowley School, Wolvercote School and for those schools which use the Cowley Marsh as well as the Grammar Schools. Lack of good wickets is a great difficulty everywhere as on the pitches, more than anything, depends the standard of play.

The Schools Cricket Association sponsored matches against Cambridge and Middlesex.

(c) *Rugby Football*

Rugby is played at the two Boys' Grammar Schools and at two Secondary Modern Schools. The lack of facilities for showering makes the game difficult to introduce elsewhere. Otherwise it might in some measure be the answer to the playing field problem as a field which is unfit for soccer is frequently fit for rugby.

(b) *Basketball*

The popularity of Basketball continues whilst the standard improves. Southfield School won the Oxford and District Basketball League in the first year of its formation, competing against Service and Old Boys' Teams. A Course for Umpires was organised and a training centre for Youth Clubs set up.

(e) *Boxing*

Schoolboy boxing is a highly organised affair with Area, Divisional and National Championships at either the Albert Hall or Harringay Arena. The interest in Oxford has always been high but entries over the last year for Area Championships have exceeded all previous records and in some cases nearly doubled them. One boy reached the 1951 National Championships but was defeated in the final.

(C) *Mixed Activities*

(a) *Swimming*

The revised swimming tests have functioned well over the year but some incentive is now required to improve diving and to encourage further practice in the front and back crawl strokes. The summer weather was moderate only and this affected attendance at the open air pools. However, the adjustment of the Temple Cowley Baths time-table for the winter months permitted seven schools, which previously had no indoor swimming, to send classes during the autumn and spring terms.

The Second Annual Galas of the combined Swimming Associations

were held at the Cowley Bath and not outdoor as had been hoped, and spectator accommodation was considerably restricted.

The results were as follows—

	<i>Boys</i>	<i>Girls</i>
<i>Junior</i>		
	1. Cowley St. Christopher's C.E.	1. West Oxford
	2. East Oxford Junior	2. East Oxford Junior
<i>Intermediate</i>		
	1. Temple Cowley	1. West Oxford
	2. Cowley St. John	2. Central School
<i>Senior</i>		
	1. South Oxford	1. Temple Cowley
	2. East Oxford	2. East Oxford.

A representative team took part in the Divisional Championships at Luton and three Oxford competitors were selected to represent the Division in the National Championships at Blackpool.

A successful venture has been the weekly coaching session for selected children organised by the Association to give further training to those likely to take part in competitive swimming or diving. Improvement at the top of the scale has been great. It will be a pity if this scheme must cease because of lack of funds but, in common with most of the other Associations, the Swimming Association find the expense of organising galas and taking part in Divisional and National Championships considerable, whereas income is negligible.

(b) Athletics.

There has been considerable improvement in the coaching of athletics in the schools and additional interest shown in events such as the hurdles, shot, javelin, and discus.

Fifteen teams entered for the Boys' Annual Cross Country Race held over a course at Cowley on 22nd March. The winners were Temple Cowley Secondary Modern School. Eighteen boys' teams and sixteen girls' teams entered the Senior Athletics Championships at the O.U.A.C. Track on 16th June, the winning boys' team being Temple Cowley and the girls' Headington Secondary Modern School.

The Junior Meeting took place at the Temple Cowley School on 30th June.

Two strong teams competed in the County Championships at the O.U.A.C. Track on 30th June, the "B" team winning the Intermediate Shield.

Twenty-three children were included in the County Team which took part in the All England Championship on 20/21 July, 1951. One national record was gained and the gradual climb of the county up the result ladder is quite pleasing.

No report of the year's athletics would be complete without a word of congratulation to the Schools' Athletics Committee for the marked progress in organisation and achievement in performance.

(c) *Dancing*

For the first time dancing was included in the Schools' Music Festival and junior children from East Oxford, West Oxford and Holy Trinity Convent schools showed dances of their own composition in the Echoing Green.

Oxford and District Physical Education Association

Two meetings were held during the year. In July an evening meeting was held at Southfield School with sessions of National Dancing for women and Basketball Coaching for men, followed by a joint period on Padder Tennis. During the autumn term a one day course was held at Milham Ford School. A lecture on Physical Education in relation to Primary School was given by Mr. Stone, Inspector of Schools in the West Riding of Yorkshire, whilst Miss Dunn of Bretton Hall Training College demonstrated Basic Movement with a mixed class from East Oxford Junior School. The afternoon was spent in National and English Dancing.

Recreative Physical Education in Youth Clubs and Evening Institutes

The extensive programme of inter-club competition in cricket, football, hockey, netball, tennis, athletics and swimming organised by the Youth Sports Committee of which we are *ex-officio* members continued throughout the year.

In the winter 22 boys' and 16 girls' Physical Recreation and 18 mixed ballroom and old-time dancing classes were held, whilst five clubs took part in the Girls' physical recreation competitions in March. Ten clubs showed a variety of physical activities in the Annual Youth Displays in the Town Hall. A successful American Square Dance was held in the Town Hall in November.

During the summer months youth club members again had the opportunity to attend the training centres for tennis, cricket, athletics, swimming and rowing. It is regretted that greater advantage is not taken of these excellent facilities, for two coaching evenings in cricket and athletics when players and athletes of international reputation were present to demonstrate and coach, were very thinly attended.

As part of the Festival of Britain celebrations an Inter-Town Youth Sports Meeting was arranged between Oxford and Reading. Cricket, tennis, rounders, athletics and swimming formed part of the programme, whilst an interesting feature was the road relay race in which a message of greeting was carried from the Mayor of Reading to the Mayor of Oxford.

A proposal to start a fencing club for teachers in the city met with good

support and weekly meetings have been held throughout the winter whilst a number of members have attended week-end courses at the National Recreation Centre at Bisham, Bucks.

Play Centres

In October the Rose Hill Play Centre was re-opened on the new school premises, in the first place for children of 10—11 years only. As the staff increased and the centre became established the age range was extended to include children between the ages of eight and eleven.

Play centres at the New Marston C.E. School, St. Thomas's and the Civil Defence Club were re-opened once weekly, whilst to meet the heavy demand on the Barton Estate the Barton centre remained open on two nights each week.

MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1951

TABLE I

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:

Entrants	1,274	
Second Age Group	1,139	
Third Age Group	1,100	
TOTAL	—	3,513
Number of other Periodic Inspections		73
GRAND TOTAL		3,586

B.—OTHER INSPECTIONS

Number of Special Inspections	4,085	
Number of Re-inspections	5,246	
TOTAL		9,331

C.—PUPILS FOUND TO REQUIRE TREATMENT

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table II _A (3)	Total individual pupils (4)
Entrants	6	263	250
Second Age Group	77	230	288
Third Age Group	65	202	246
Total (prescribed groups)	148	695	784
Other Periodic Inspections	—	12	12
Grand Total	148	707	796

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED
31ST DECEMBER, 1951

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of defects		No. of defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4.	Skin	8	23	172	1
5.	Eyes— <i>a.</i> Vision ..	148	8	296	—
	<i>b.</i> Squint ..	24	23	4	—
	<i>c.</i> Other ..	11	9	2	1
6.	Ears— <i>a.</i> Hearing ..	9	26	32	4
	<i>b.</i> Otitis Media	9	17	22	1
	<i>c.</i> Other ..	—	—	115	—
7.	Nose or Throat ..	69	195	109	3
8.	Speech	13	36	19	5
9.	Cervical Glands ..	—	129	—	2
10.	Heart and Circulation	1	32	2	—
11.	Lungs	13	36	4	1
12.	Developmental—				
	<i>a.</i> Hernia	6	4	2	—
	<i>b.</i> Other	4	34	3	—
13.	Orthopaedic—				
	<i>a.</i> Posture	207	108	44	3
	<i>b.</i> Flat Foot ..	255	142	74	1
	<i>c.</i> Other	25	50	42	—
14.	Nervous system—				
	<i>a.</i> Epilepsy	—	15	—	—
	<i>b.</i> Other	1	1	4	—
15.	Psychological—				
	<i>a.</i> Development ..	4	15	7	1
	<i>b.</i> Stability	9	26	8	1
16.	Other	39	59	2643	3

B.—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE
YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	1274	1010	79.3	257	20.2	7	0.5
Second Age Group ..	1139	675	59.26	456	40.03	8	0.7
Third Age Group ..	1100	655	59.5	442	40.2	3	0.3
Other Periodic Inspections	73	54	73.97	19	26.03	—	—
Total	3586	2394	66.76	1174	32.74	18	0.5

TABLE III

Infestation with Vermin

(i)	Total number of examinations in the schools by the school nurses or other authorized persons	28,909
(ii)	Total number of <i>individual</i> pupils examined	9,632
(iii)	Total number of <i>individual</i> pupils found to be infested	208
(iv)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	208
(v)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

TABLE IV

Treatment of Pupils attending Maintained Primary and Secondary Schools (including Special Schools)

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).
Number of cases treated or under treatment during the year

							By the Authority	Other-wise
Ringworm (i)	Scalp	..	..	..	..	..	19	
	(ii) Body	..	..	..	..	..	11	
Scabies	..	..	..	..	..	..	3	
Impetigo	..	..	..	..	..	..	63	
Other skin diseases	..	..	..	..	..	..	171	
TOTAL	..	..	..	..	..	..	267	

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT

							Number of cases dealt with By the Authority	Other-wise
External and other, excluding errors of refraction and squint								258
Errors of refraction (including squint)					1023
TOTAL		1281
Number of pupils for whom spectacles were								
(a) Prescribed		434
(b) Obtained		428

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

							Number of cases treated By the Authority	Other-wise
Received operative treatment								
(a) for diseases of the ear				7
(b) for adenoids and chronic tonsillitis				294
(c) for other nose and throat conditions				66
Received other forms of treatment				181
TOTAL		548

GROUP 4.—ORTHOPÆDIC AND POSTURAL DEFECTS

							By the Authority	Other-wise
(a) Number treated as in-patients in hospitals	..						26	
(b) Number treated otherwise, e.g., in clinics or out-patient departments	..	..	..	..				34

GROUP 5.—CHILD GUIDANCE TREATMENT

	Number of cases treated	
	In the Authority's	Else-
Number of pupils treated at Child Guidance Clinics	Child Guidance Clinics	where
..	309	

GROUP 6.—SPEECH THERAPY

	Number of cases treated	
	By the	Other-
Number of pupils treated by Speech Therapists	Authority	wise
..		89

GROUP 7.—OTHER TREATMENT GIVEN

	Number of cases treated	
	By the	Other-
	Authority	wise
(a) Miscellaneous minor ailments	2636	
(b) Other—1. Remedials—Posture	407	
2. Remedials—Flat Feet	509	
TOTAL	3552	

TABLE V

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers—		
(a) Periodic age groups	919	
(b) Specials	176	
Total (1)	—	1,095
(2) Number found to require treatment		973
(3) Number referred for treatment		973
(4) Number actually treated		1,219
(5) Attendances made by pupils for treatment		2,800
(6) Half-days devoted to: Inspection	9	
Treatment	482	
Total (6)	—	491
(7) Fillings: Permanent Teeth	1,852	
Temporary Teeth	267	
Total (7)	—	2,119
(8) Number of teeth filled: Permanent Teeth	1,760	
Temporary Teeth	254	
Total (8)	—	2,014
(9) Extractions: Permanent Teeth	240	
Temporary Teeth	1,039	
Total (9)	—	1,279
(10) Administration of general anaesthetics for extraction	9	
(11) Other operations: Permanent Teeth	634	
Temporary Teeth	73	
Total (11)	—	707

